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Rose M. Thiessen	(Depositor's name)
<i>Rose M. Thiessen</i>	(Signature)
March 17, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/715,994	11/18/2003	Greg J. VanSkiver	GVANS.001C1	4892

TITLE OF INVENTION: HINGED THERAPEUTIC MOUTHPIECE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	03/27/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
JOHNSON III, HENRY M	3739	607-108000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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1 Knobbe Martens
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3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature

Rose M. Thiessen

Date March 17, 2006

Typed or printed name

Rose M. Thiessen

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